Services for People With Serious Mental Illness

Referral Sources

Homeless Services

Inpatient or Outpatient Mental Health Provider

Corrections

Community-Based Organizations

What is SPOA?

The Single Point of Access (SPOA) program helps providers connect people with serious mental illness to mental health services that can accommodate them. Through these services, people with serious mental illness can connect to treatment, communicate with providers and get help finding benefits.

Single Point of Access
(NYC Health Department)

The New York City Department of Health and Mental Hygiene (NYC Health Department) reviews eligibility and makes referrals to the appropriate services.

Services

IMT
Intensive Mobile Treatment
provides mobile mental health and substance use treatment, including medication, and supports people with serious behavioral health concerns, very complex life situations, transient living situations and/or involvement with criminal justice systems.

ACT
Assertive Community Treatment
provides mobile mental health and substance use treatment, including medication, and supports people with documented serious mental illness.

SPACT
Shelter Partnered ACT
(for people in designated shelters)

FACT
Forensic ACT
(for people with current or past justice involvement)

Care Coordination*
provides individuals with a worker who assists them in achieving goals related to health, mental health and overall wellness. Care Coordination is not treatment but can link an individual to treatment.

Increasing Intensity

9.21

To learn more and make a referral, visit **nyc.gov/health** and search for **SPOA**.

NYC Health

Service Eligibility	Service Description

Intensive Mobile Treatment (IMT):

- 18 years of age or older
- Reside in NYC shelter, live on the street or experience other housing instability in the NYC area
- Recent and frequent interaction with mental health (MH) and criminal justice (CJ) systems
- Recent behavior that is unsafe, and which is escalating or occurring with greater frequency
- Traditional forms of care and support have not met needs of client or engagement has been unsuccessful

- Provides MH and substance use treatment, including medication and support to people with significant behavioral health (BH) concerns, complex life situations, transient living situations and/or involvement with CJ systems who have been poorly served by traditional forms of care
- Teams are staffed by BH clinicians and peers
- Typically operates during business hours with on-call availability for clients
- Teams have variable frequency and duration of contact with their clients, depending upon clients' current needs

Assertive Community Treatment (ACT):

- 18 years of age or older; *and*
- Serious mental illness (SMI) diagnosis; *and*
- Extended functional impairment due to mental illness; *or* reliance on psychiatric treatment, rehabilitation and support
- Prior authorization required for people with Medicaid Managed Care

- Provides MH and substance use treatment, including medication and support
- Staffed by BH clinicians and sometimes peers
- Typically operates during business hours with on-call availability for clients
- Sees clients six times a month

Shelter Partnered ACT (SPACT):

- Meet above ACT eligibility; *and*
- Reside in designated NYC MH shelter

- Same services as ACT; *and*
- Teams work closely with Department of Homeless Services assigned shelters and provide services on-site as well as in the community

Forensic ACT (FACT):

- Meet above ACT eligibility; *and*
- Current or recent involvement in CJ systems within the last 12 months and due to SMI or noncompliance with treatment

- Same service as ACT; *and*
- Staff are specially trained to work with people who have had current or recent interactions with the CJ system

Care Coordination:

- 18 years of age or older
- For individuals who are not eligible for Medicaid*
- SMI with functional impairment
- Not eligible for Medicaid
- Not successfully engaged in community-based services
- Need for ongoing supportive services

- Provides clients with a worker who assists them in achieving goals related to health, MH and overall wellness
- Care Coordination does not provide treatment

Increasing Intensity

* For individuals with or eligible for Medicaid, referrals are made directly to the Lead Health Home that services the borough in which the individual resides.